

COVER LETTER

Dear First Steps Family:

Indiana's First Steps Early Intervention System is committed to providing the best early intervention services possible to eligible children and families. To do this, ***we need your help.***

Enclosed is a questionnaire asking you to evaluate the early intervention services you have been receiving through First Steps. Please complete the survey as soon as you can and return it in the postage paid envelope provided. We estimate that it will take about ten minutes to fill out.

Hearing from families who are participating in First Steps will help us to solve problems and continue to improve. We need to hear from you to understand how well we are serving your needs, and how we can improve. If you have questions or need help filling out this survey please call (317) 232-1144 or 1-800-441-STEP.

Please don't delay! We are looking forward to hearing from you.

Your answers will be kept completely confidential.

Please use the postage paid envelope provided. Thank you for your help.

Sincerely,



Indiana First Steps Early Intervention System

ONGOING SERVICES SURVEY

This form is to be completed by the family three months prior to when they exit or leave the First Steps Early Intervention System. Its purpose is to find out how well early intervention services have been carried out for the child and family. The information collected is CONFIDENTIAL and will not be individually shared. The information from this survey will be combined with the surveys from other families, and the combined results will be shared

Thank you for taking time to let us know how well the services provided by the Service Coordinators and therapists on your family's First Steps team have been carried out. Please use the addressed and stamped envelope to return your survey. Your responses will be confidential and will be used to help First Steps provide good customer service. If you have any questions or need help filling out this survey, please call (317) 232-1144 or 1-800-441-STEP.

Indiana's First Steps System provides early intervention for families of infants and toddlers with developmental delays or who show signs of being at-risk to have certain delays in the future. It offers a family-centered, coordinated system to services to eligible children and their families. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention services. Its goal is to help Hoosier families make sure their infants and toddlers receive services now to help them in the future.

This questionnaire is part of our ongoing efforts to provide the best services possible. It allows us to evaluate the quality and impact of First Steps services on children and families. This form is one of several that families will see in their journey through the First Steps system. By filling it out, families supply vital information about how First Steps is working for the children and families enrolled, and help us continue to promote quality services.

Ongoing Services Survey

1. The following First Steps providers work with my child and family (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Developmental Therapist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Audiologist | <input type="checkbox"/> Nurse |
| | <input type="checkbox"/> Doctor | |

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
2. The information my child's service coordinator provides helps me make decisions regarding the needs of my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child's service coordinator gives clear and complete information about what is happening with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child's service coordinator provides information on other community resources that might support my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child's service coordinator provides information about the monthly Explanation of Benefits (EOB) that I receive for my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child's service coordinator regularly reviews the IFSP with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The majority of my child's service providers respect and create ways for my family to be involved in making decisions about services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My child's service providers help my family to solve problems we have in making decisions about my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child's service providers work together as a team in planning and delivering services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child's service providers communicate effectively with each other and with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My child's service providers help me to balance our child's needs with the needs of other family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My IFSP changes in response to changes in the needs and priorities of my child and/or my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I receive complete copies of all reports about my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I receive ongoing information about my child's progress from the service providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Agree _	Agree	Not Sure _	Disagree	Strongly Disagree
			—		—	—
15.	I feel I understand my rights in the First Steps system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	If I have a problem or concern about my child's First Steps services, I know who to call.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I feel comfortable:					
	-Voicing disagreements I may have with the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-Refusing permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-Making alternative choices when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	The information my child's First Steps service providers give my family helps me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. My child's service providers offered me information about (check all that apply):

- ☐ My child's conditions and needs
- ☐ Social supports for my family
- ☐ Child care
- ☐ Health care financial options
- ☐ Other community services (e.g. housing, food, heating assistance)
- ☐ How to work and play with my child
- ☐ Accessing information on health care and immunization
- ☐ Common household safety measures
- ☐ Recommended nutritional guidelines
- ☐ Safe and appropriate parenting practices

20. How satisfied are you with the quality of services your child receives from the First Steps providers?

Would you say:

- ☐ Extremely dissatisfied
- ☐ Dissatisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Extremely Satisfied

21. I feel that our participation in First Steps is making a positive difference in:

(Check all that apply):

- ☐ My child's development
- ☐ Our family's ability to help our child develop and learn
- ☐ Our family's ability to access services in the community
- ☐ Our family's ability to meet other parents of children with similar needs

Please feel free to write any comments that you wish to share below. Thank you for helping us to improve the First Steps system. If you would like to talk to someone about your experience in First Steps, call 1/800/441- 7847. Please return the completed survey in the self-addressed, stamped envelope.



Indiana First Steps Early Intervention System

FIRST STEPS EXIT SURVEY

This form is to be completed by the family and service coordinator within 2 weeks of the family's transition out of the First Steps Early Intervention System. Its purpose is to document the impact First Steps is having on children and families who are receiving First Steps early intervention services.

Thank you for taking time to let us know how well First Steps has had an impact on the children and families it serves. If you have any questions or need help filling out this survey, please call (317) 232-1144 or 1-800-441-STEP.

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This questionnaire is part of our ongoing efforts to provide the best services possible. It allows us to evaluate the quality and impact of First Steps services on children and families. This form is one of several that families will see in their journey through the First Steps system. By filling it out, families supply vital information about how First Steps is working for the children and families enrolled, and help us continue to promote quality services.

EXIT FIRST STEPS SURVEY

1. A major goal of First Steps is to encourage families to be an active member of the First Steps team and to be an advocate for their child and family.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
a. Have you felt you understood your role on your child's early intervention team?	<input type="checkbox"/>	<input type="checkbox"/>	a. At your last IFSP meeting, did you contribute one or more outcomes that were included in the last IFSP?	<input type="checkbox"/>	<input type="checkbox"/>
a. Have you shared ideas with the team for outcomes to be included in your IFSP?	<input type="checkbox"/>	<input type="checkbox"/>	a. At your last IFSP meeting, did you request specific services and strategies?	<input type="checkbox"/>	<input type="checkbox"/>
a. Have you requested services or supports from First Steps when needed?	<input type="checkbox"/>	<input type="checkbox"/>	a. At your last IFSP meeting, did you understand and agree with the outcomes and services in the IFSP?	<input type="checkbox"/>	<input type="checkbox"/>
a. Have you felt you could choose the services and providers you wanted?	<input type="checkbox"/>	<input type="checkbox"/>	a. After your last IFSP meeting, did you carry out one or more of the activities specified in the IFSP or requested by members of the team?	<input type="checkbox"/>	<input type="checkbox"/>
a. Have you felt you could add, change, or delete services or providers when needed?	<input type="checkbox"/>	<input type="checkbox"/>			
a. Have you felt you could voice your disagreement if needed?	<input type="checkbox"/>	<input type="checkbox"/>			
a. During your time in First Steps, have you ever voiced your disagreement?	<input type="checkbox"/>	<input type="checkbox"/>			
a. Have you felt you could refuse permission for activities or services when needed?	<input type="checkbox"/>	<input type="checkbox"/>	1. Another major goal of First Steps is to help connect families with other families and community resources for information and support.		
a. During your time in First Steps, have you ever refused permission for activities or services?	<input type="checkbox"/>	<input type="checkbox"/>		<u>Yes</u>	<u>No</u>
a. Have you felt you could make choices different from those offered when needed?	<input type="checkbox"/>	<input type="checkbox"/>	a. Do you know where to go to find someone to talk to when you need support?	<input type="checkbox"/>	<input type="checkbox"/>
a. During your time in First Steps, have you ever made choices different from those offered?	<input type="checkbox"/>	<input type="checkbox"/>	a. Have you taken advantage of the available supports?	<input type="checkbox"/>	<input type="checkbox"/>
a. As part of your last IFSP meeting, did you share assessment information about your child?	<input type="checkbox"/>	<input type="checkbox"/>			

2. Another major goal of First Steps is to support the inclusion of children with special needs in community activities and programs (child care, recreational activities, etc.).

	<u>Yes</u>	<u>No</u>
a. In the past 3 months, has your child received child care services in a community child care home or center with children without special needs?	<input type="checkbox"/>	<input type="checkbox"/>
b. In the past 3 months, has your child participated in other community activities and programs with other children and families (e.g., going to the library, church, parks and recreation)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Has a child care center or home ever refused to enroll your child, or asked you to remove your child?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have any community programs or activities for young children ever refused to enroll your child, or asked you to remove your child?	<input type="checkbox"/>	<input type="checkbox"/>
e. If your child has received child care services in the past 3 months, are you satisfied your child care provider offered:		
- a safe and healthy place for your child?	<input type="checkbox"/>	<input type="checkbox"/>
- appropriate activities for your child's age?	<input type="checkbox"/>	<input type="checkbox"/>
- activities that met your child's special needs.	<input type="checkbox"/>	<input type="checkbox"/>
- full inclusion of your child in all activities.	<input type="checkbox"/>	<input type="checkbox"/>
- opportunities to be with other children without special needs.	<input type="checkbox"/>	<input type="checkbox"/>
- regular and ongoing communication with your family.	<input type="checkbox"/>	<input type="checkbox"/>

3. Another goal of First Steps is to promote safe, healthy, and well-nourished children (and families).

	<u>Yes</u>	<u>No</u>
a. If your family needed health care services, did First Steps refer you to a program that could meet these needs?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your child sees a doctor regularly for checkups and when ill?	<input type="checkbox"/>	<input type="checkbox"/>
c. Has your child has completed all well-child care checkups?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is your child up to date on all immunizations?		
e. Do you follow recommended nutritional guidelines in feeding your child and family?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you follow common household safety measures (please refer to the Checklist of Common Household Safety Measures)?	<input type="checkbox"/>	<input type="checkbox"/>

4. Another major goal is to promote children's development in learning important and essential skills.

	<u>Yes</u>	<u>No</u>
a. Does your child still need help in most all routines and activities at home?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your child function successfully or independently in one routine or activity at home (e.g., mealtime, playtime, bath time)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your child function successfully or independently in 3-5 different routines and activities at home?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does your child function successfully or independently in most routines appropriate for his or her age?	<input type="checkbox"/>	<input type="checkbox"/>
e. At this time, does your child need any specialized services (e.g., special education)?	<input type="checkbox"/>	<input type="checkbox"/>